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APPLICANTS

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**** CONTINUING DATA ******* *CM*
 This appln claims benefit of 60/011,282 02/07/1996

**** FOREIGN APPLICATIONS ******* *none CM*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance *CM*

Verified and Acknowledged
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TITLE
 LHRH-ANTAGONISTS IN THE TREATMENT OF FERTILITY DISORDERS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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